

BARBARA K. CEGAVSKE Secretary of State Elections Division 101 North Carson Street, Suite 3 Carson City, Nevada 89701-3714 Phone: (776) 684-5705

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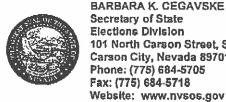
State of Nevada Committee for Political Action (PAC) Registration Form

Office of the
Secretary of State
Barbara Cegauske
Elections Division

JStokes | 2/1/2015

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| | | | SPACE IS FOR OFFICE USE ONLY |
| New Registration | PAC (Advocating P | assage or Defeat of a Ballot Ques | ition) |
| Annual (Due on or before | January 15th of <u>each</u> year | r; NRS 294A.230(4)(b)) | |
| Amended Registration: check all that apply | Change Officers | Change Registered Agent | Change Address |
| | Change Name | flous Name of PAC | |
| | Other: | indea (table) of the | |
| Name of Committee: | | | elephone: |
| Nevada Medical PAC | ····· | | |
| Mailing Address: | <u> </u> | | |
| 3700 Barron Way | Ren | 0 | NV 89503 |
| Street Name, Number | City | S | tate Zip Code |
| PAC Active Email Address: ja | net@nvdoctors.org | | 10 |
| | | ch PAC must appoint and keep in | |
| Name of Registered Agent: | | • | elephone: |
| Catherine O'Mara | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 75 825 6788 |
| Physical Address: | | and the second s | |
| 3700 Barron Way | Ren | 0 | NV 89511 |
| Street Name, Number | City | | tate Zip Code |
| REGISTERED AGENT ACCER Committee for Political Action. | PTANCE: I hereby accept | t appointment as Registered Agen | it for the above-named |
| X atherine E |) Mara | 12 DI 15 | |
| Signature of Registered Agent | | | |



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State of Nevada

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| Officer Name and Title: | | Telephone: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| | | \$1](|
| Mailing Address: | | |
| Street Name, Number | | Plate 7: Code |
| | City | State Zip Code |
| Officer Name and Title: | | Telephone: |
| Mailing Address: | | |
| | | |
| Street Name, Number | City | State Zip Code |
| Officer Name and Title: | | Telephone: |
| | *************************************** | |
| Mailing Address: | | |
| | | |
| Street Name, Number | City | State Zip Gode |
| Officer Name and Title: | | Telephone: |
| Maille a Astrono | 197 | <u> </u> |
| Mailing Address: | | |
| | . ! | 22 11 |
| AFFILIATIONS: If the PAC is affiliate | city led with any other organizations, list t | State Zlp Code he name, address and telephone nu |
| AFFILIATIONS: If the PAC is affiliated of each organization (please attach a | ted with any other organizations, list t | · |
| AFFILIATIONS: If the PAC is affiliate of each organization (please attach and Name of Organization: | ted with any other organizations, list t | he name, address and telephone nu |
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Signature of Representative of Group